



NFL Player Benefits

Authorized Representative Designation

Signature and Authorization

I designate the listed person to be my Authorized Representative for the purposes elected below. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Signature of Player or Other Payee

Andre Royal

Date Completed

4-14-15

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

State of Alabama

County of Tuscaloosa

On the 14 day of April, 2015, before me came Andre Royal to me known and known to me to be the person described herein and who executed the foregoing statement and he duly acknowledged to me that he executed the same.

Notary Public

[Signature]

Payee Information

Payee's Name (please print)

Royal

Andre

J

Date of Birth

12-1-72

Social Security Number

416-88-0498

Representative Information

The Authorized Representative cannot be a convicted felon, or a person who has pled guilty or no contest to a felony.

Representative's Name

Anderson, Stephanie

R.

Address (number and street)

2426 Johnson Street

City

Hollywood

State FL

Zip Code

33020

Home Phone

786-340-9408

Cell Phone

786-340-9408

Election

For your Designation to be effective, you must select at least one box in each option below. Select all that apply.

This Designation applies to the following Plan(s):

- ☒ Bert Bell/Pete Rozelle NFL Player Retirement Plan
- ☒ NFL Player Supplemental Disability Plan
- ☐ NFL Player Second Career Savings Plan
- ☒ NFL Player Annuity Program
- ☒ 88 Plan
- ☒ Gene Upshaw NFL Player Health Reimbursement Account Plan

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MAY 15 2015

NFL PLAYER BENEFITS

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Payee's Name (please print)

André Royal

Initials

AR

This Designation applies to the following matter(s):

☒ Benefit Claim and Administrative Appeal

The Authorized Representative is authorized to act on my behalf and fully represent me with respect to my claim for benefits and the administrative appeal of any adverse benefit determination. The Authorized Representative will be entitled to request copies of, view, and receive Plan documents, records, and other information that I personally would be entitled to request, view, or receive.

☐ Other (please describe) _____

This Designation will remain in effect until the earliest of:

- the date the Plan Office receives a written notice from you revoking this Designation; or
- the date your Authorized Representative informs the Plan Office that he or she no longer represents you; or
- the date the Plan Office receives a new, properly-completed Authorized Representative Designation from you; or
- 180 days from the Date Completed indicated on the prior page (this limit does not apply to the 88 Plan).

While the Designation is in effect, all notices, including notices of benefit awards and adverse benefit determinations, will be sent both to you and to your Authorized Representative.

Mail the completed Designation to:

NFL PLAYER BENEFITS
200 SAINT PAUL ST STE 2420
BALTIMORE MD 21202

If you have any questions, please call the Plan Office at 800-638-3186.